Kankakee Community College Transcript Request

TRANSCRIPT DELIVERY (Check one):

Official (\$5 per copy) - Standard mail, sent the next business day

Waived – KCC employee/retiree/dependent (see note)

Want to send electronically? Go to getmytranscript.com and order online.

Transcript fee must be included with request unless waived. Use a separate request for each organization or individual.

Student ID:	or Social S	Security No.: _		
Student's Signature: X				Check box to update school record with your current information.
Name:				
Last	First			Middle
Date Requested:	Date of Birth:	Pre	evious Name	:
Address Line 1:				
Address Line 2:				
City:		State:		ZIP Code:
Phone Number:	·	Email:		
-			ional institutio	on; and is for a full-time KCC employee,
life for assistance with creating				nors and awards. Please see KCC Student
Toronto a Co Carricana	• •	ent Information	,cript	
School, Organization, or Ir	ndividual:			
Department or Individual:				
Address Line 1:				
Address Line 2:				
City:				ZIP Code:
	OFFIC	CE USE ONLY		
Obligations: Clear	red Date:	Ву:		
□BO1	Current/Former Balance:		_ Date:	By:
Number of transcript	s issued: Fees:			
Date:	By: Receip	t Number:		
Transcript sent date:	By	:		